



License # H-

On/Off Reservation LTBB Hunting/Fishing License Application

The Little Traverse Bay Bands of Odawa Indians
Waganakising Odawak Statute 2001-04 and 2005-01
Application for year 2013

Name: _____
Last First Middle

Address: _____
Street number and name

City State Zip

County _____ Date of Birth _____

Tribal Enrollment # _____ Phone Number _____

Work/Cell Number _____ Alternate Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Male ☐ Female ☐

Email Address: _____

The applicant understands and agrees that the issuance of a Tribal License does **NOT** entitle applicant to own, possess or use any firearm that the applicant is not entitled to own, possess or use under any applicable Tribal, State or Federal Law.

LTBB Tribal members must select license(s) by checking applicable box.

- | | | |
|--|---|--|
| <input type="checkbox"/> Big Game | <input type="checkbox"/> Small Game | <input type="checkbox"/> Disabled Hunter |
| <input type="checkbox"/> Migratory Bird | <input type="checkbox"/> Trapping | |
| <input type="checkbox"/> Inland Fishing | <input type="checkbox"/> Gathering | |
| <input type="checkbox"/> Reptile/Amphibian | <input type="checkbox"/> USFS Gathering | |

I solemnly swear (or affirm) the information provided on the On/Off Reservation LTBB Hunting/Fishing License Application is true to the best of my knowledge, information and belief and that I have received a copy of the 2010 Little Traverse Bay Bands of Odawa Indians Inland Consent Decree Rules and Regulations and I agree to abide by them.

Signature Date

(For LTBB Office Use only)

Amount Received _____ Received by _____

Method of Payment _____ Date _____

☐ Elder ☐ Minor